



**U.S. Immigration
and Customs
Enforcement**

ICE Health Services Corps (IHSC)
Enforcement and Removal Operations
Immigration and Customs Enforcement

IHSC Emergency Contraception Guide

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Foreword

This *IHSC Emergency Contraception Guide* supplements the following IHSC Directive:

IHSC Directive: 04-01, *Emergency Contraception*.

This Guide explains concepts, assigns responsibilities and details procedures for the provision of emergency contraception for female detainees and residents.

The intended audience is health staff supporting health care operations within IHSC-staffed medical clinics in ICE-owned or contracted detention facilities.

I. Overview

A. Purpose

IHSC will make emergency contraception (EC) available for female detainees/residents, hereafter referred to as “detainees,” if indicated. This guide provides health staff with the information and procedures to ensure the appropriate provision of EC within IHSC-staffed medical clinics.

B. Responsibilities

Health Services Administrator (HSA)

Oversees health care operations within IHSC-staffed medical clinics.

Ensures intake screening staff appropriately screen female detainees for recent unprotected sexual intercourse to determine whether EC should be offered.

Ensures that emergency oral contraceptives are appropriately stocked and available at the IHSC-staffed medical clinic and that staff understand the process to procure EC from off-site pharmacies if needed.

Pharmacist

Procures emergency oral contraceptives and stocks the medication in the After Hours Cabinet to ensure it is readily available, as needed.

Intake Screening Staff

Screen female detainees for unprotected sexual intercourse within the past five days. If the detainee reports unprotected sexual intercourse, the intake screening staff will ask the detainee if she would like to consider EC to prevent a possible pregnancy.

Refer female detainees who report unprotected sexual intercourse within the past five days, and who desire EC, to a physician or mid-level provider (MLP) for further evaluation to determine the appropriateness for treatment.

Physicians and MLPs

Evaluate female detainees referred for consideration of EC and determine whether EC is appropriate.

Ensure the EC consent form is completed prior to providing EC to the detainee.

Ensure patient education is provided to any detainee receiving EC.

II. Emergency Contraception

A. Overview

EC, also known as postcoital contraception and the morning-after pill, refers to oral contraceptives and the copper intrauterine device (IUD) that can be used after unprotected sexual intercourse to prevent a possible pregnancy. Emergency oral contraceptives prevent pregnancy by delaying ovulation, while the copper IUD works by inhibiting fertilization.

EC must be administered within five days (120 hours) of unprotected sexual intercourse to be effective.

EC use is contraindicated if the detainee is pregnant.

The IUD method of EC will be utilized if the detainee is intolerant of oral EC or if there are significant contraindications for oral EC use. The IUD must be inserted by staff qualified to do so.

IHSC staff should administer emergency oral contraceptives on-site. Off-site referral to the emergency department should not be utilized as the default method to provide access to EC.

Emergency oral contraceptives will not terminate a pregnancy in a woman who is already pregnant.

B. Emergency Oral Contraceptives

The IHSC Formulary has designated two emergency oral contraceptives for use. IHSC facilities housing females must have both medications available in the After Hours Cabinet, so IHSC staff may access the medication at any time to minimize delays in administering emergency oral contraceptives.

Levonorgestrel

Levonorgestrel is administered as a 1.5 mg oral tablet one time dose. This medication is currently available over-the-counter as Plan B One Step[®] and Next Choice[®].

Levonorgestrel may be administered to detainees whose unprotected sexual intercourse occurred within the previous 72 hours (3 days).

Levonorgestrel is not recommended for overweight or obese women due to a marked decrease in efficacy.

Ulipristal

Ulipristal is administered as a 30 mg oral tablet one time dose. This medication is available by prescription only.

Ulipristal may be administered to detainees whose unprotected sexual intercourse occurred within the previous 120 hours (5 days).

Ulipristal is the drug of choice for overweight and obese women, although it is less effective in obese women.

Ulipristal is not available from McKesson, but it may be obtained through Diamond Pharmacy. Ulipristal may only be obtained from local pharmacies that utilize Cardinal Health as their wholesaler (e.g., CVS, Walgreens, VONS/Safeway).

Emergency Oral Contraceptives Side Effects and Drug Interactions

Emergency oral contraceptives may have harmful interactions with other medications that involve cytochrome P450 3A4 enzymes for processing. IHSC staff should always perform an interaction check prior to administering EC if a detainee reports taking chronic medications. Medications processed via cytochrome P450 3A4 include:

HIV/AIDS medications;

Anticonvulsants;

Oral “-azole” antifungals; and

Medications for gastroesophageal reflux disease/dyspepsia.

As the duration of emergency oral contraceptives use is very brief, the medication is generally well-tolerated and has few side effects. The two IHSC emergency oral contraceptives formulary options have the following possible common side effects:

Mild nausea is possible and can be treated with anti-emetics if needed.

If vomiting occurs within three hours of administering an emergency oral contraceptive, the dose may be repeated. The detainee should be pre-medicated with an antiemetic prior to the second administration attempt.

Off-site Procurement of Emergency Oral Contraceptives

IHSC facilities housing females will maintain an on-site supply of the two emergency oral contraceptive medications. If an IHSC facility is unable to

maintain an on-site supply for any reason, the prescription for emergency oral contraceptive may be procured from an off-site pharmacy using the established Script Care medication acquisition process. All IHSC facilities are encouraged to maintain a list of local pharmacies that stock and dispense emergency oral contraceptive medications in the event that an off-site prescription is required.

C. Intake Screening

IHSC intake screening staff will ask female detainees aged ten to 56 years of age whether they have engaged in unprotected sexual intercourse within the past five days.

If a female detainee reports non-consensual sexual intercourse, a formal sexual assault evaluation is required. This formal sexual assault evaluation must be performed at an emergency department or other qualified facility.

If a female adult detainee (age 18 years or older) reports consensual unprotected sexual intercourse within the past five days, the intake screening staff will ask the detainee if she would like EC to prevent a possible pregnancy. If EC is desired, the intake screening staff will consult a physician or MLP.

If a juvenile resident (less than 18 years of age) reports unprotected sexual intercourse within the past five days, the intake screening staff will ask the juvenile and parent of the juvenile if EC is desired to prevent a possible pregnancy. If EC is desired, the intake screening staff will consult a physician or MLP. The parent of the juvenile must give consent in order for EC to be given.

D. Evaluation

A physical examination by a nurse or medical provider is not required to administer EC. See Annex A: IHSC Emergency Oral Contraceptives Decision Guide for EC medication eligibility and medication selection.

Medical Provider On-Site

If a detainee is identified as being eligible to receive an emergency oral contraceptive and the MLP or physician is on-site, the MLP/physician will:

Interview the detainee/resident to verify the five day/120 hour period of EC eligibility.

Ensure the urine pregnancy test result is negative.

Document counseling of the risks/benefits and acceptance of EC utilizing the IHSC Emergency Oral Contraception Consent Form 925 (Annex B). If a juvenile resident agrees to receive EC, the parent of the juvenile must sign the consent form.

Document that patient education regarding EC was provided. English and Spanish handouts are available (Annex C). Health care staff will explain patient education material and use a qualified interpreter, as needed, for detainees who understand other languages or for detainees who cannot read.

Medical Provider Not On-Site

If a medical provider is not on-site, the nurse will contact the on-call MLP or physician to review the case and determine if EC is appropriate. The nurse will document the following:

That the detainee is within the five day/120 hour period of EC eligibility.

Document that the urine pregnancy test result is negative.

Document counseling of the risks/benefits and acceptance of EC utilizing the IHSC Emergency Oral Contraception Consent Form (Annex B).

Document that patient education regarding EC was provided. English and Spanish handouts are available (Annex C). Health care staff will explain patient education material and use a qualified interpreter, as needed, for detainees who understand other languages or for detainees who cannot read.

The on-call MLP or physician will complete a telephone counter to document the verbal order for the administration of EC when the medical provider next returns to the facility and/or has eCW access.

E. Situations Where EC Should Not Be Provided

EC should not be administered in the following circumstances:

The urine pregnancy test is positive.

The detainee refuses to sign the IHSC Medical Consent Form (IHSC Form 793) or electronic equivalent.

The detainee refuses to sign the IHSC Emergency Oral Contraception Consent Form.

The detainee appears mentally impaired, appears under the influence of an intoxicating substance, provides inconsistent or confusing responses, appears under duress, and/or is unable to communicate effectively. In any of these situations, the detainee will be referred to a medical provider for

further evaluation to determine the appropriateness for EC. Further evaluation may be warranted by a behavioral health provider or an emergency department to assist in determining the appropriateness of EC.

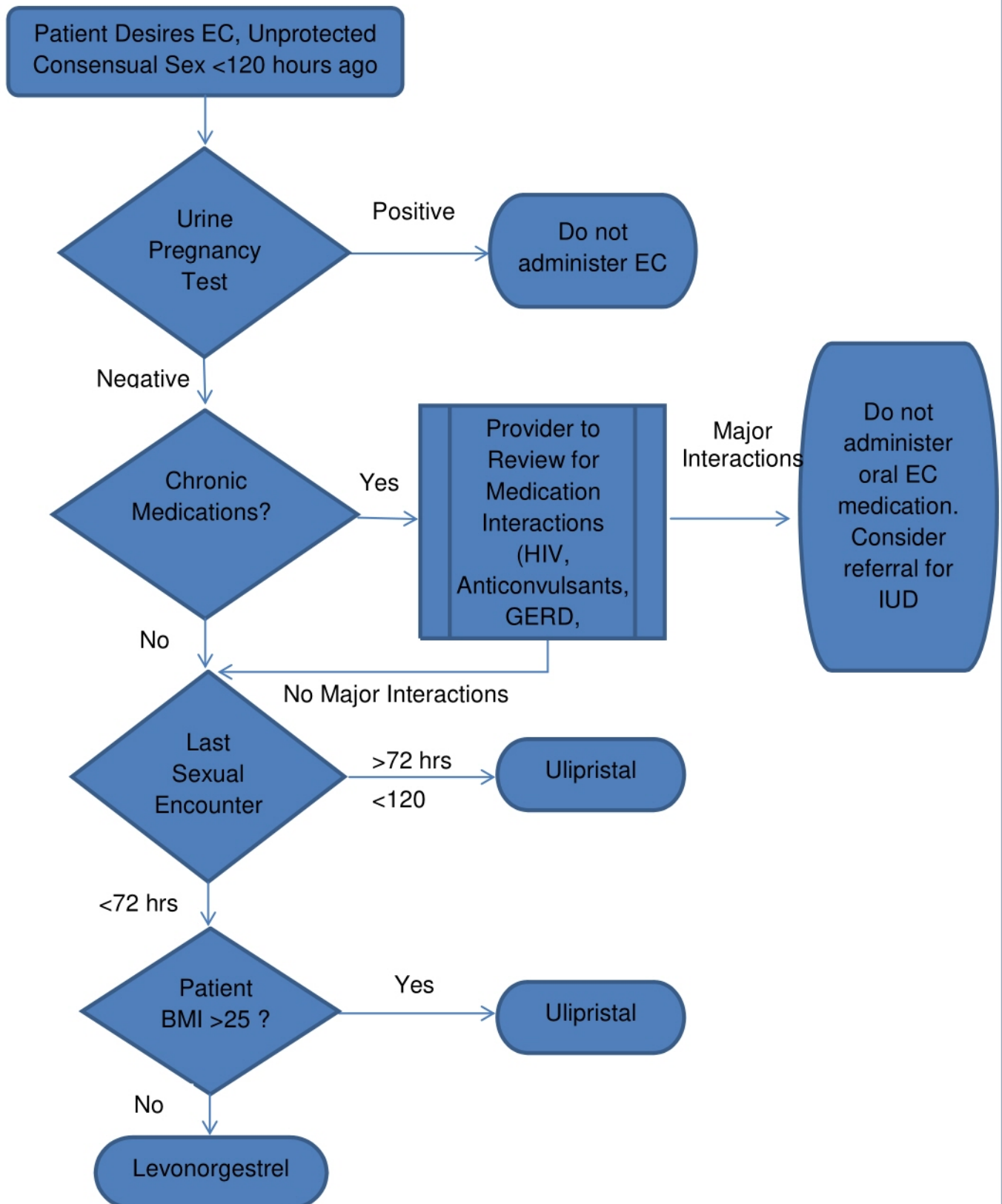
F. Post-EC Follow-Up Testing

Any female detainee who is administered EC will have a urine pregnancy test repeated four weeks after EC administration to verify the absence of pregnancy. The IHSC medical provider who prescribed EC will order the follow-up urine pregnancy test. If the urine pregnancy test is positive, the detainee will be referred for obstetrical services.

III. References and Resources

1. Zieman, Mimi. Emergency Contraception. *UptoDate*. October 30, 2014. Article accessed on February 5, 2015.
2. National Commission on Correctional Health Care Standards for Health Services in Jails 2014. Standard J-G-08: Contraception.

Annex A: ICE Health Service Corps Emergency Oral Contraceptives Decision Guide



Annex B: ICE Health Service Corps Emergency Oral Contraception Consent Form 925

I, _____ A# _____,
understand that:

Emergency contraception (EC) can help prevent pregnancy if taken within 5 days/120 hours of unprotected sexual intercourse.

EC can work by stopping the release of an egg from the ovary (ovulation). EC will not work after an egg is fertilized (combined with sperm). EC will not harm an established pregnancy or cause an abortion.

EC is only effective at preventing pregnancy 50-90% of the time, and is more likely to be effective if taken as soon as possible after unprotected sex. EC is less effective in overweight and obese women.

EC is for emergency use only. It should not take the place of regular birth control methods, such as birth control pills, condoms, the birth control patch or shot, or other forms of birth control.

If I have sexual intercourse before my next period, this dose of EC will not prevent pregnancy resulting from that future intercourse.

EC may cause nausea, vomiting, headache, stomach pain, dizziness, breast tenderness, and early or late menstrual period.

Medications can interact with EC, making it less effective. I have informed medical staff of all medications and herbal supplements that I take regularly, as many medications (including common medications used to treat HIV/AIDS, seizures, fungal infections, and gastroesophageal reflux disease) can affect or be affected by EC.

EC will not protect me from or treat sexually transmitted diseases, including HIV/AIDS.

No guarantee or assurance has been made to me as to the results of using EC.

I acknowledge that my pregnancy test completed today indicates that I am not pregnant.

I acknowledge that **levonorgestrel/ulipristal** (circle one) is being offered to me to prevent a possible pregnancy based on information I have provided. I request that ICE Health Service Corps medical staff provide me with this medication to attempt to prevent a possible pregnancy.

If I do not have a menstrual period within 4 weeks, I will seek medical care to evaluate why I did not have my menstrual period. A missed menstrual period could mean I am pregnant.

I understand all of the above information. †

____ Yes. I desire emergency contraception to prevent a possible pregnancy.

____ No. I decline emergency contraception at this time.

Detainee/Parent's Signature: _____ Date: _____

Staff (Print/Sign): _____ Date: _____

Annex C: Emergency Contraception Patient Education

Emergency Contraception: Patient Education Sheet

What is emergency contraception? — Emergency contraception is also called “the morning after pill,” or “plan B.” It is a way you can keep from getting pregnant if you recently had sex. A woman might use emergency contraception if:

- She forgot to take her birth control pills.
- A condom broke or slipped off during sex.
- She had sex without using birth control.
- She was raped.

At this medical clinic, we offer two types of emergency contraception pills.

1. Levonorgestrel, Plan B
2. Ulipristal

When do I take emergency contraception? — The pills should be taken as soon as possible after you have sex. Ulipristal can work up to 5 days after you have sex and levonorgestrel can work up to 3 days after you have sex. Hormonal emergency contraception works best if you take it within 3 days of having unprotected sex. It is less effective if you take it 3 to 5 days after unprotected sex.

If you have sex again after you take the pills, you can still get pregnant. Make sure you use a condom or another type of birth control if you have sex again after taking emergency contraception.

How well do emergency contraception pills work? — There are a lot of factors that affect how well the pills work, including not just how soon you take them, but also where you are in your cycle, and how much you weigh.

What if I throw up? — Emergency contraception pills make some women throw up. If you throw up within 3 hours of taking the pills, notify your doctor or nurse. He or she can tell you if you need to take another pill.

What happens after I take emergency contraception? — You should get your period within a week of when you expect it. If you took ulipristal, don't be surprised if your period is a few days late. That's normal. But if you do **not** get your period within 3 or 4 weeks, or if you keep bleeding or have pain in your belly, you need to see a doctor or nurse.

Annex C: Emergency Contraception Patient Education

Información para el paciente: Contracepción de Emergencia

¿Qué es la contracepción de emergencia? — La contracepción de emergencia también recibe el nombre de “píldora del día después” o “plan B”. Es una forma de evitar quedar embarazada si tuvo relaciones sexuales recientemente. Una mujer puede usar la contracepción de emergencia si:

- Olvidó tomar sus píldoras anticonceptivas
- El condón se rompió o se salió durante la relación sexual
- Tuvo relaciones sexuales sin usar métodos de planificación familiar
- Fue violada

En esta clínica médica, ofrecemos dos clases de píldoras de contracepción de emergencia.

1. levonorgestrel, Plan B
2. ulipristal

¿Cuándo debo tomar la contracepción de emergencia? — Tome las píldoras lo antes posible después de tener relaciones sexuales. Ulipristal puede actuar hasta 5 días después de haber tenido relaciones sexuales y levonorgestrel puede actuar hasta 3 días después de haber tenido relaciones sexuales. La contracepción hormonal de emergencia funciona mejor si la toma en los 3 días siguientes a haber tenido relaciones sin protección. Es menos eficaz si la toma entre el día 3 y 5 después de haber tenido relaciones sin protección.

Si tiene relaciones sexuales otra vez después de tomar las píldoras, aún puede quedar embarazada. Asegúrese de usar un condón u otro método de planificación familiar si tiene relaciones nuevamente después de tomar la contracepción de emergencia.

¿Qué tan bien funcionan las píldoras para contracepción de emergencia? — Hay muchos factores que afectan el funcionamiento de las píldoras; por ejemplo, no solo la rapidez con que las tome, sino también el momento del ciclo menstrual en que se encuentre y su peso.

¿Qué pasa si vomito? — Algunas mujeres vomitan cuando toman las píldoras de contracepción de emergencia. Si vomita dentro de las 3 horas de haber tomado las pastillas, infórmele a su doctor(a) o enfermero(a). El o ella le podrán decir si necesita tomar otra pastilla.

¿Qué ocurre después de usar la contracepción de emergencia? — Tendrá su período menstrual dentro de una semana después de la fecha en que lo espera. Si tomó ulipristal, no se sorprenda si el período se atrasa unos días, pues es normal. Pero si su período **no** llega en 3 o 4 semanas, o si sigue sangrando o siente dolor el área del estómago, consulte a su doctor(a) o enfermero(a).

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